

Building Inspection Department

Building Permit Application

865-774-7120

PROJECT INFORMATION	PROPERTY OWNER
Project Address:	Property Owner:
	Mailing Address:
Tax Map/Group/Parcel:	
Lot No: Flood Hazard Area? Yes No	Phone Number:
APPLICANT: (if different from owner)	Email Address:
Name:	
Mailing Address:	Address:
	Contact Person:
Phone Number:	
Email Address:	Email Address:
PLUM	BING CONTRACTOR
Company Name and Address:	
Contractor License#Contact Person:	Phone number:
	ANICAL CONTRACTOR
Contractor Licensett	
	Phone number:
ARCHITECT/ENGINEER Company Name and Address:	
	Phone Number:
PROJECT TYPE AND USE DESCRIPTION (Please Check All That Apply)	
Project Type: Single Family Dwelling Transient Rental Home Duplex Townhome Modular Home Accessory	
Remodel Commercial Other (Describe Below)	
NO. of Stories:Total Square Footage(Including Basement & Garage):Construction Cost:	
NO. of Bedrooms: NO. of Bathrooms: Basement: Crawl: Slab:	
Description of Work: (i.e. new two story house with unfinished basement and two car attached garage)	
Signature of Applicant:	Circle One: Owner Contractor Applicant Date:
Office Use Only	
Building Permit: \$ Plan Review: \$Ch	eck No.: Receipt No.:Permit No.: